BUREAU OF Y	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		Do not use this space. 1080	
1. PLACE OF DEATH County JOSEN Registration Distriction Districti	De Vauf Mussouri, a De Vauf Mussouri, a (If nor	Pile No	O 7 A v.o.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERT	FICATE OF DEATH	<u></u>	
3. SEX 4. COLOR OR RACE DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) FA. IF MARRIED, WIDOWED, OR DIVORCED WILLIAM DO VOICE (OR) WIFE OF HAZEI WILLIAM DO VOICE	21. DATE OF DEATH (MONTH, DAY, AND 22. HEREBY CERT	1 FY, That I attended d	, 19 5	
5. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 H 15 TAGE 7. AGE YEARS MONTHS Days If LESS than 1 day,	Co has occurred on the date stated a The principal cause of death and rela	bove, atm. ated causes of importance we		
9. Industry or business in which work was done, as sith mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation month and 1940 spent in this occupation. 12. BIRTHPLACE (CITY OR TOWN) Security 10.	Other contributory causes of importan	ice:		
(STATE OR COUNTRY) 13. NAME Green De Voul	Name of operation	Date of		
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 15. MAIDEN NAME KILLY Show	What test confirmed diagnosis?	es (violence), fill in also the fo	ollowing:	
16. BIRTHPLACE (CITY OR TOWN). UNKNOWN 17. INFORMANT Wife Hazel allew July (ADDRESS)	Where did injury occur?	ify city or town, county, and	State)	
18. BURIAL, CBBMATION, OR REMOVAL PLACE 19. UNDERTAKER (ADDRESS) 18. BURIAL, CBBMATION, OR REMOVAL (ADDRESS) 19. UNDERTAKER (ADDRESS)	Nature of injury Nature of injury 24. Was disease or injury in any way in the second of the second			
20. FILED. Jan 5, 1941 M. M. Crowe Registrar.	(Address) Gog a	cyllo Bld	<i>y</i>	

DEC 26 1949

MISSOURI STATE BOARD OF HEALTH